



# CORONA VIRUS

A WEEKLY GUIDE TO UNDERSTANDING COVID-19 AND TIPS FOR COPING

Getty Images

## Staying wary as Texas begins to reopen

UT Health expert answers questions, offers advice on staying healthy

By **Melissa Fletcher Stoeltje**  
STAFF WRITER

**D**r. Jan Patterson is a professor of medicine and infectious diseases at the UT Health San Antonio Long School of Medicine in San Antonio. She's been working in the field of infectious diseases and health care epidemiology for more than 30 years, including during the SARS and H1N1 pandemics. She also has been a consultant to the South Texas Regional Advisory Council for emergency preparedness since the anthrax attacks in 2001.

We caught up with Dr. Patterson to ask her a few questions about the state of the coronavirus in Bexar County:

**San Antonio hasn't seen the kind of steep increase in COVID-19 cases and deaths witnessed elsewhere, notably New York. Why is that?**

There are a number of reasons. One is we were a little further behind in time in getting exposed to initial cases in the community. Another is that New York was the recipient of a lot of travel



Tom Reel / Staff photographer

**Infectious disease specialist Dr. Jan Patterson advises San Antonio residents to keep wearing masks in public, and to continue to abide by other safety protocols.**

from Europe, when Europe was a focus of infection. There were a lot of people coming in to New York from Europe that were not being screened, or passing through New York, and probably there was a lot of transmission that went undetected.

Also our leadership has really been on top of things, in terms of the social distancing early on. We had the closing of schools and the closing of dining areas relatively early, and then the shelter-in-place order, which I think has really been effective, when you look at our numbers.

We also had the cruise ship quarantine cases back in February. Some of the cruise ship passengers had the disease and were admitted to our hospitals, but I think that helped make us very aware early on of the potential for transmission and for caution. And so I think that, even though we didn't see any community transmission from those cases, it benefited us in that we were just more aware of the problem and looking out for the community.

*Q&A continues on H5*

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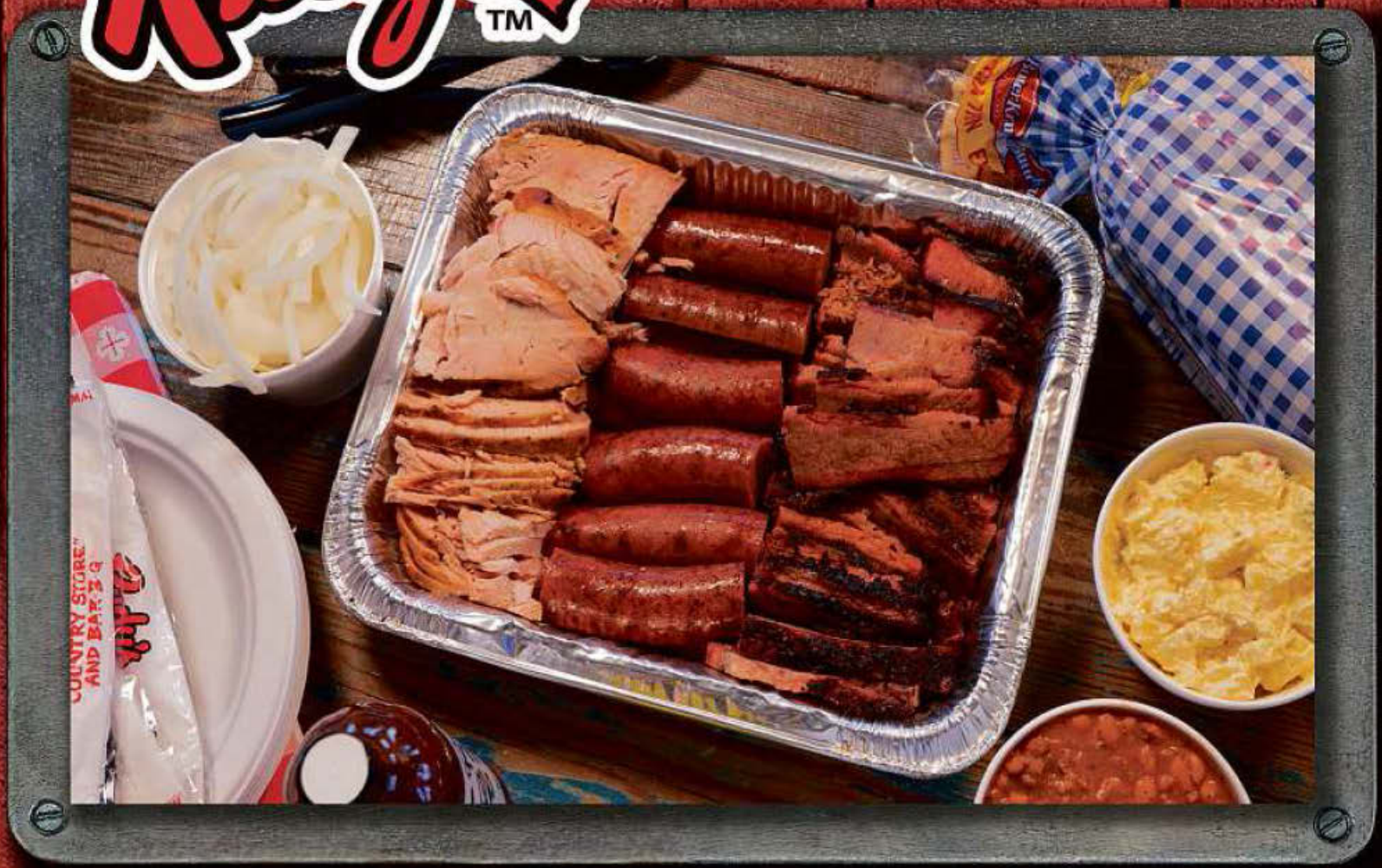
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**Fellow Americans,**

This time has been challenging for all of us. From trying to find essentials such as toilet paper, to finding a protective mask, to the challenges of spending a lot more time with people in limited living quarters, it is more than understandable that we're yearning to release some of this stress, breathe some fresh air, and give a big hug to our loved ones.

One thing that I would like to continue to discuss with you is the importance of prevention and staying safe while social restrictions are being relaxed. With recent and upcoming relaxation of stay-at-home and social distancing requirements, it's important to be aware that the risks of contracting COVID-19 have not changed.

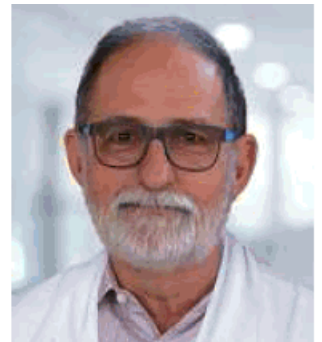
Older adults and those with chronic or underlying medical conditions are at risk for severe illness or death as a result of COVID-19. This includes those with diabetes, heart disease, chronic emphysema, asthma or other respiratory illnesses, and adults age 60 or older.

Even if you do not have these risk factors, you should continue to practice the precautions recommended by the Centers for Disease Control (CDC), the World Health Organization (WHO), your local health department, and your doctor until there is a vaccine or this crisis is over.

These precautions include only taking necessary trips outside of your home, social distancing, wearing a mask in public, and practicing good hygiene, such as washing your hands for 20 seconds and wiping down heavily touched surfaces.

While some hospitals and clinics are now offering elective surgeries, the CDC recommends waiting until after the pandemic for elective surgeries, and with good reason. The potential for infection, particularly in higher-risk patients, is too high. If you are unsure of your risk, talk to your primary care provider (PCP).

*Dr. George Rapier is the founder, chairman and CEO of WellMed Medical Management, Inc.*



While you should postpone elective surgeries, it is important that you do not miss appointments to manage your health if you have chronic conditions. Make sure that you contact your doctor about options to continue managing your health while limiting your exposure. Many health care providers are now offering online appointments that allow you to meet with your doctor through your smartphone, tablet or computer in the comfort of your own home.

This crisis has created stress in multiple ways for people, including a sense of uncertainty about what's to come. Stress can cause great trouble mentally and physically. In fact, it can make any chronic condition that you have worse and lower immunity. That's why it's so important to practice mindfulness to help manage stress and help ground your mind and your inner peace.

Mindfulness exercises and structured breathing techniques are among the proven techniques that can have enormous benefits in reducing stress. Noted psychotherapist Dr. Sharon Theroux provides some free mindful meditations on [www.mindfulsouthflorida.com](http://www.mindfulsouthflorida.com).

Dr. Andrew Weil<sup>1</sup>, a renowned integrative medicine specialist, also has a proven breathing technique that is quick and easy to do anywhere, called 4-7-8 breathing. To see an example visit [www.wellmedhealthcare.com/breathe](http://www.wellmedhealthcare.com/breathe). Give it a try. I think you will find that it really does work if you practice it regularly.

Finally, I hope you join us for a little fun on May 6 at 2 p.m. CT/ 3 p.m. ET for our online concert series WellMed Wednesdays LIVE! Our featured artist is Thomas McClary, founder of The Commodores. Visit [www.facebook.com/wellmed/live](http://www.facebook.com/wellmed/live).

<sup>1</sup>[www.drweil.com/videos-features/videos/breathing-exercises-4-7-8-breath/](http://www.drweil.com/videos-features/videos/breathing-exercises-4-7-8-breath/)

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## CORONAVIRUS SPECIAL REPORT

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## Your COVID-19 questions, answered

By Jeff McDonald  
STAFF WRITER

San Antonio Express-News journalists are researching answers to readers' questions about the novel coronavirus. To submit a question, go to ExpressNews.com/assignment-desk.

**Both my vehicles have inspections due by April 30. I know Gov. (Greg) Abbott has given a 60-day grace period to register cars. That ignores the problem of getting one's vehicle inspected, the first step in renewing registrations. I don't want another person in my car due to possibly being exposed to COVID-19. I'm over 60 and retired. What is the state doing about vehicle inspection requirements during COVID-19 problems?**

Gov. Abbott has indeed issued a 60-day grace period for vehicle registration. If your new sticker is due this month, you will not be fined for driving with an expired one through the end of June. The state has not waived the requirement to have your car inspected. However, you will have the same 60-day grace period for getting that accomplished.

Many dealerships and other auto shops remain open in some capacity during the COVID-19 crisis and could perform your inspection. Unfortunately, it appears you will have to let an inspector into your vehicle at some point before the end of June.

Something else to bear in mind: Many tax offices throughout Bexar County and surrounding areas have been closed to foot traffic during the pandemic. It is



Eric Gay / Associated Press

## A stimulus check issued by the IRS

advisable to check ahead to make sure your nearest office is open, or else be prepared to use mail-in or night-drop options when applying for your new registration.

**What is the plan and schedule for stimulus payments to Social Security recipients?**

In general, the IRS uses information from a person's most recent tax returns in order to determine eligibility for the stimulus payments stipulated in the CARES Act.

Retirees who receive Social Security benefits but did not file a tax return in either of the past two years are still eligible for the stimulus payment and are slated to be paid on schedule. The IRS has announced it will use information from the Social Security Administration to make payments to those people.

There are two situations in which a Social Security recipient might need to take an extra step in order to receive his or her payment. If you first began receiving Social Security payments in 2020, you will not yet have a

Social Security statement on file with the federal government. In that case, you will need to provide the IRS with additional information by filling out an online form at [www.irs.gov/coronavirus/nonfilers-enter-payment-info-here](http://www.irs.gov/coronavirus/nonfilers-enter-payment-info-here).

Also, if you are a Social Security recipient eligible to receive additional payments for dependents under the age of 18, you need to let the IRS know about them at that same link.

**I have a friend that received a \$2,400 stimulus check for him and his wife, but she passed away in May 2019. This was noted on his 2019 tax return. What should he do?**

Strangely enough, this appears to be a common occurrence. The IRS is under pressure to get the stimulus cash into the hands of taxpayers as soon as possible. In the rush, mistakes are made.

The IRS is supposed to check death records before issuing payments, but those records can be incomplete at the federal level. States are responsible for sending

death records to the federal government, but there is often a substantial lag in reporting.

The Social Security Administration is in charge of keeping the government's master death file. However, since the agency receives 2.5 million death notices a year from states and other entities, the file does not update in real time.

The Treasury Department has been trying to sift out stimulus checks for the deceased before they go through. Clearly, the Treasury Department is not battling 1,000 in that endeavor.

It is not immediately clear what the government plans to do about checks that have already been sent to deceased taxpayers.

Legal experts are examining the possibility that the \$2 trillion CARES Act may not technically prohibit payments to people who died this year or last year, so long as they would have otherwise been eligible.

Either way, the government could deem it more trouble than it is worth to try to track down a stray \$1,200 here or there.

**I read the coronavirus does not survive after 75 degrees, so I put our masks in the clothes dryer with wet clothes to get them ready again. Is that adequate?**

The Centers for Disease Control and Prevention recommends washing a cloth face mask in a washing machine on the hottest setting after each use.

The combination of detergent, heat and agitation should be enough to disinfect your mask. Bleach is also helpful in deactivating the virus. Just be sure not to use it with clothes you do not want bleached.

If time is of the essence, hand-washing the mask with soap and warm water would also suffice, the CDC says.

It is unclear whether heat alone is sufficient to kill COVID-19, and if so what temperature and what duration would do the trick. In a recent study, researchers in France had to heat the virus to 197 degrees Fahrenheit for 15 minutes in order to fully deactivate it. A typical household dryer can reach between 140 and 155 degrees on the highest setting.

To be safe, it would be best to wash and dry the mask between uses.

**They always say to wash your hands often with soap and water. How many times a day is "often?"**

There is no standard answer to this question. The recommended frequency for hand-washing depends on where you have been and what you have been doing.

The CDC advises to wash your hands:

Before, during and after preparing food;

Before eating food;

When sick or caring for someone who is sick;

Before and after using the bathroom, changing a diaper or caring for a child who has just used the bathroom;

After touching an animal, animal feed or animal waste;

After handling garbage.

Since the outbreak, the CDC recommends that people wash their hands after they have been in any public place and especially after having touched a surface that may be frequently touched by others – gas pumps, door handles, shopping carts, electronic cashier screens, etc.

## Q&amp;A

From page H1

**We hear a lot about testing and the need for more. Recent numbers show about 20,000 tests have been conducted in Bexar County, representing just 1 percent of the county's 2 million residents. Explain why testing is so important: How does it help control the spread of the virus?**

In a way, this is a war, right? And if you don't know where the enemy is, how can you fight it? The first several weeks of this epidemic in the United States, we were blind. We didn't have adequate testing, and the same is true for our local community, because at the national level there really was a failure of the testing procedures. So, early on we didn't know where the problem was.

Testing is important because once we know where it is, that individual can isolate and the people exposed to that individual can be quarantined. You prevent exposing others; it's really a simple strategy of identify, isolate, trace the contacts. That's a strategy in public health that has been used for many years, in lots of different situations. But without testing we can't use that strategy. That's why testing and contact tracing are very important.

**But who should be tested? Only those who develop symptoms? Only people returning to work in office environments? Many people don't become symptomatic. But if you test only people with symptoms, then those asymptomatic people go around spreading the virus, without even knowing it.**

It's not really feasible right now to test everyone. And, when a test is used on a low-prevalence population (as the general population is right now), there can be false positive tests.

So, what we are doing now is focusing on people with symptoms. The most common symptoms are fever, cough, shortness of breath, fatigue, loss of smell or taste. Other symptoms include nausea, diarrhea and nasal congestion. People should discuss any symptoms with their physician to see if they should be tested.

We are encouraging everyone with symptoms to get tested now, so that they can isolate and prevent spread to others. Also, this can allow monitoring and early



Josie Norris / Staff file photo

**As Texas reopens, Dr. Jan Patterson believes we should continue to do what we've already been doing: keeping our distance, maintaining virtual connections and wearing a mask.**

treatment in case their symptoms get worse.

There are certain settings where testing of asymptomatic people should be considered. These include people who live in congregate settings, like nursing homes, homeless shelters and jails/prisons (where) ... knowing about asymptomatic people can be helpful.

**Another buzz term surrounding COVID-19 is "central isolation" of those who test positive. What does "central isolation" mean, and what would it look like?**

I haven't really heard that term, but the idea is you identify a case and that individual is isolated as well as the people around him or her. It's getting to the idea that you're centering on that person, as well as those people who have been in contact with that person, being quarantined.

The incubation period for the virus is two to 14 days. And so, the time you have to wait whether you're going to come down with it is 14 days, so that's why we use that time period.

**How long will we be living with this pandemic? How long will it take to run its course?**

Well, that's very difficult to predict. Generally, with these kinds of diseases, it's not over until we have what is called herd immunity – most of the crowd is

immune. So what the number is for this particular disease we don't really know. We think in the range of 70 to 80 percent of people need to have the immunity to be able to prevent the spread of the disease throughout the population. Those numbers can vary based on the particular disease. We are a long way from that.

We don't know what will happen over the summer. A lot of time, these respiratory illnesses, even if they peak in the spring and the transmission goes down in the summer, they pop up again in the fall, when people are more congregated and stay inside more.

It's really hard to know, and until we do get a vaccine, I think we'll be vulnerable to this. We have to see what happens over the summer and certainly be very careful in the fall.

**How does one become immune?**

We think that having the disease is the way to become immune, but there's a lot that we don't know about immunity to COVID-19. But coronaviruses, as a group of viruses, have been around for decades, and the studies that have been done on those earlier coronaviruses have found that you can be immune to the same strain for perhaps six months to two years, in general about a year. And then you might have partial immunity to other coronaviruses for that same peri-

od of time.

But the coronavirus immunity doesn't appear to be lifelong, and we've never had a vaccine against a coronavirus, so we don't know how long vaccine protection would be. So at least the studies show that immunity may be from six months to two years.

COVID-19 we haven't studied in particular. We're still learning about what antibodies to that virus means – whether it means full or partial protection, or even no protection. One of the things we know is that so many people can be asymptomatic carriers. Will those people develop antibodies, and if they do, will that confer protection? We just don't know the answer to that yet.

**It's often said that only a vaccine will stop the virus in its tracks and allow a return to normal life. How long will it take to develop a vaccine?**

Again, that's hard to answer for sure. In general, the development of a vaccine takes a year and a half to two years. That's because there has to be a lot of testing for safety and then testing for efficacy.

Now, there are a number of groups that are already testing prototypes. There's a group at Oxford University that is already doing testing in animals. And there are also some human trials already going on elsewhere. So the usual timeline may be sped up in this case. It could be a year

or maybe less than a year. Hopefully, it will be shorter than the usual time frame.

**Are you concerned about Gov. Greg Abbott's plan to reopen Texas? Are there enough safeguards in place, in your opinion?**

I think some of the principles are good, for instance the gradual reopening of restaurants and retail stores, with social distancing precautions and so forth. I think wearing a mask is a very simple thing to do, and there is evidence it does provide protection, for other people and potentially for the wearer. I think and I hope people will continue to do that. It's a very easy thing and one of the most effective things we can do as we reopen. We do need to be cautious, so I think overall the measured approach the governor is taking is good.

**If the reopening causes a full-fledged return of the virus, what will that look like? How long will it take to see if Abbott's plan causes a resurgence or not? The mayor just said three weeks.**

Because the incubation period is two weeks, I think looking at the first and second weeks after the reopening will be very helpful in giving us information. While the incubation period is up to 14 days, most cases will occur within seven to 10 days, so certainly as the state reopens, looking at the 14 days after that will be very key.

**What should individuals think about as Texas begins to reopen? What should guide us as we make decisions for ourselves and our families about emerging from the shutdown?**

We need to keep in mind what we have learned about this virus. Number one, we know that elderly people are vulnerable, we know that people with underlying health issues, such as obesity, diabetes and compromised immune systems, are vulnerable. Those people really should stay at home as much as possible and not be exposed to a lot of new people as much as possible.

The things that we have already been doing – we can go into this reopening keeping our distance, maintain our social connections virtually as much as possible and keep wearing a mask is a good idea.

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# Pandemic testing ethos of privacy, data-tracking technology on phones

By Craig Timberg, Elizabeth Dwoskin, Drew Harwell and Tony Romm  
WASHINGTON POST

When California officials wanted to see how closely people were following social distancing guidelines last month, they tapped a powerful new data set: a map that Facebook provided to state authorities derived from the location coordinates of tens of millions of smartphones.

The map showed with alarming clarity that large numbers of people were still gathering on beaches and in public parks. Soon after, Gov. Gavin Newsom ordered them closed to vehicles, sharply restricting access.

Newsom's move to blunt the spread of the coronavirus was just one sign of the increasingly close cooperation between government authorities and technology companies in fighting a dangerous common enemy. This global wave of experimentation has involved data sets long considered so personal and sensitive — capable of revealing how smartphone users spent their days, and with whom — that many government officials shied away from their use out of fear of public backlash.

But health experts say such new tactics, while testing traditional privacy boundaries in the United States and elsewhere, could play a central role in the battle against the coronavirus as nations try to reopen their economies. Key will be expanded disease surveillance with the help of emerging technologies to identify new infections before they create major hot spots.

Experts say that old-fashioned public health approaches, such as widespread testing and manually tracing the contacts of people

with newly discovered infections, probably will remain the most effective way to control the pandemic. But with few signs that the United States is assembling the army of health workers needed to track coronavirus infections, technology may be called on to fill the gaps.

Already technological tools are helping authorities fine-tune their public directives, and data derived from individual smartphones may soon play an important role in mapping webs of potential new infections and alerting people at particularly high risk of developing COVID-19 that they need to be tested immediately.

"You need most (exposed) people to go and get tested," said Ashish Jha, faculty director of the Harvard Global Health Institute. "If we can do this and keep it going, I think we have a shot — just a shot — at keeping our economy going."

There is some evidence of public acceptance of technological surveillance tools. A Pew Research Center study published Thursday found that slightly over half of those surveyed say it is at least "somewhat acceptable" for the government to use people's cellphones to track those who've tested positive for the virus to understand how it is spreading. Forty-five percent said it is acceptable for the government to do so for people who may have had contact with someone who tested positive for the coronavirus.

There is less support for monitoring mobile devices to ensure that people are following social distancing orders, however. Just under 4 in 10, 37 percent, said it was at least "somewhat accept-



skagbydave / Getty Images

**There is increasingly close cooperation between government authorities and technology companies in fighting the COVID-19 pandemic with smartphone location data capable of revealing how smartphone users spent their days, and with whom.**

must quarantine themselves. Many Israelis, for example, have received texts from public health officials alerting them that, based on cellphone location records collected by the government, they had been near an infected person and needed to go into isolation for 14 days.

Momentum is building for similar — though less draconian — approaches in the United States. Longtime Silicon Valley rivals Google and Apple announced last week that they will build new features into their widely used smartphone operating systems to assist authorities in investigating new cases of coronavirus infection. The companies say that their detection system, unlike the ones used in Israel and some other nations, would be completely anonymous, voluntary and designed with safeguards for people's privacy.

As technologists seek to balance public health benefits with privacy concerns, there remains uncertainty about how effective any of these tools might be, and whether the time, money and energy spent on them would be better used expanding virus testing or hiring more people to conduct contact-tracing investigations.

"Before we rush off and do (the technological initiatives) at huge scale, we should know they work. We don't randomly go popping pills," said Daniel Weitzner, a former White House official now developing contact-tracing technology for the Massachusetts Institute of Technology, where he is a researcher. "You don't want to trade off any privacy risk at all for no benefit. We want to make sure there's clear evidence of effectiveness before we suggest hundreds of millions of people start doing this."

Facebook provided to California authorities — rely on what is known as aggregated and anonymized data, meaning they are compilations of data that have been stripped of information that could be used to identify an individual. New Mexico officials are using such anonymous smartphone data to help anticipate surging hospital demand, and Colorado officials have used similar data to determine whether residents are traveling less, in compliance with the stay-at-home order the state's Democratic governor, Jared Polis, issued March 25.

But officials in other nations, mainly in Europe and Asia, have gone farther, harnessing smartphone data to identify infected people and warn others that they are at risk and, in some cases,

able" for the government to track people's locations to monitor compliance.

Privacy advocates caution that the rush to deploy possible technological solutions to a devastating pandemic may be outrunning the public's understanding of how their data is being collected and used. They warn that the apps and other services developed to fight the coronavirus might someday be used by different government authorities to fight crime or monitor political activity.

In part because of these concerns, most of the technological tools being deployed — such as the

By Roni Caryn Rabin  
NEW YORK TIMES

As the novel coronavirus swept through communities around the world, preying disproportionately on the poor and the vulnerable, one disadvantaged group has demonstrated a remarkable resistance. Women, whether from China, Italy or the U.S., have been less likely to become acutely ill — and far more likely to survive.

Which has made doctors wonder: Could hormones produced in greater quantities by women be at work?

Now scientists on two coasts, acting quickly on their hunches in an effort to save men's lives, are testing the hypothesis. The two clinical trials will each dose men with the sex hormones for limited durations.

Recently, doctors on Long Island in New York started treating COVID-19 patients with estrogen in an effort to increase their immune systems, and this week, physicians in Los Angeles will start treating male patients with another hormone that is predominantly found in women, progesterone, which has anti-inflammatory properties and can potentially prevent harmful overreactions of the immune system.

"There's a striking difference between the number of men and women in the intensive care unit, and men are clearly doing worse," said Dr. Sara Ghandehari, a pulmonologist and intensive care physician at Cedars-Sinai in Los Angeles who is the principal investigator for the progesterone study. She said 75 percent of the hospital's intensive care patients and those on ventilators are men.

And pregnant women, who are usually immunocompromised but have high levels of estrogen and progesterone, tend to have mild courses of the disease. "So something about being a woman is protective, and something about pregnancy is protective, and that makes us think about hormones," Ghandehari said.

Some experts who study sex differences in immunity, however, warned that hormones may fail to be the magic bullet that some are hoping for; even elderly women with COVID-19 are outliving their male peers, and there is a drastic reduction in levels of hormones for women after menopause.

The genesis of the estrogen trial at the Renaissance School of Medicine at Stony Brook University on

## Coronavirus affects men more than it does women

Study using female hormones seeks to learn why



Ian Hooton / Getty Images

**Two clinical trials will each dose men with the sex hormones for limited durations to monitor the effect on immune systems. Men are more affected by coronavirus than women.**

Long Island stemmed from a similar observation, said Dr. Sharon Nachman, the trial's principal investigator, who credited a Stony Brook surgeon, Dr. Antonios Gasparis, with the idea.

The trial enrolled its first patient about a week ago, and preliminary results could be available in a few months, she said.

"It's totally out of the box, which is how good ideas often start," said Dr. Nachman, associate dean for research at the Renaissance School, which is part of the State University of New York.

The gender gap in coronavirus survival became apparent early in the pandemic. Reports from China indicated men were dying at

higher rates, and the disparity was attributed to higher smoking rates. But the outcomes were consistent in other countries, with men in Italy dying at higher rates than women, and men in New York City dying at nearly double the rate of women.

Scientists who study sex differences say that both biological dif-

ferences in immunity, as well as behavioral factors, are at play. Men smoke more almost everywhere, they say; men also wash their hands less. While women appear to have more robust immune systems, these experts say, the causes are complex and multifactorial, and hormones are only part of the picture.

If such sex hormones were the primary protective factor for women, then elderly women with COVID-19 would fare as poorly as elderly men, because women's reproductive hormones plummet after menopause, said Sabra Klein, a scientist who studies sex differences in viral infections and vaccination responses at the Johns Hopkins Bloomberg School of Public Health.

But that's not the case, she said. "We see this bias across the life course," Dr. Klein said. "Older men are still disproportionately affected, and that suggests to me it's got to be something genetic, or something else, that's not just hormonal."

"Estrogen has immune modulatory properties — don't get me wrong," she continued. "You could get a beneficial effect in both men and women. But if women are better at recovery at 93 years old, I doubt it's hormones."

Research has shown estrogen may have an effect on a protein known as angiotensin-converting enzyme 2 (ACE2), for example. The coronavirus uses ACE2 receptors on the surfaces of cells as an entry route, and ACE2 is regulated differently in men and women, said Kathryn Sandberg, director of the Center for the Study of Sex Differences in Health, Aging and Disease at Georgetown University.

In studies with rats, Sandberg and her colleagues have shown that estrogen can reduce ACE2 protein expression in their kidneys, so it is possible the hormone may reduce ACE2 expression in men as well.

Nachman said, "We may not understand exactly how estrogen works, but maybe we can see how the patient does," adding that estrogen plays a complex role, both in the early immune response that can help clear a viral infection, as well as in a secondary cleanup or repair response, which can evolve into a cytokine storm.

"While we see women do get infected, they see responses are different," Nachman said. "We see fewer of them having the second, dysregulated immune response."

## CORONAVIRUS SPECIAL REPORT

# Bad math can subtract from virus threat

Most people make mistakes with numbers, which serves to underestimate crisis

THE CONVERSATION

People all across the U.S. claim that they are “not math people.” They even readily admit to their hatred for some math fundamentals, such as fractions. For instance, a participant in one of our research studies on how well adults understand fractions proclaimed: “Fractions are my worst nightmare!”

Could people’s fear and avoidance of math, and their common mathematical mistakes in school, also lead to misunderstandings in the real world about just how dangerous COVID-19 is to their own health and to society in general?

We are psychology scholars, and two of us – Clarissa Thompson and Pooja Sidney – are experts in the field of mathematical cognition. It is our job to investigate how people of all ages learn about math. We also identify good and bad strategies that people often use when they try to solve hard math problems.

Based on these observations, we have come up with several ways to help everyone gain more insight into how math works.

One very common misconception we’re concerned about is known as “whole number bias.” Based on headlines and news accounts about the novel coronavirus, we wonder if this bias might lead people to underestimate their own and others’ risks associated with COVID-19.

## Breaking down the numbers

Fractions are made up of two parts: the numerator (for instance, the 3 in the fraction  $\frac{3}{4}$ ) and the denominator (for instance, the 4 in the fraction  $\frac{3}{4}$ ). Another way to think about this fraction is: “of 4 parts, 3.”

Whole number bias happens when people tend to automatically think about the numerators and denominators of fractions as whole numbers before they process the numbers more deeply to grasp their actual size.

For example, people may mistakenly believe that  $\frac{1}{4}$  is smaller than  $\frac{1}{6}$  because 4 is less than 6. That is, they apply what they know about whole numbers to all other numbers, including fractions.

Research has shown that people of all ages can harbor whole number bias – children, college students and even some expert mathematicians.

In one study, community col-



Luis Diaz Devesa / Getty Images

**Could people’s fear and avoidance of math, and their common mathematical mistakes in school, also lead to misunderstandings in the real world about just how dangerous COVID-19 is to their own health and to society in general?**

lege students were shown a series of two fractions at a time and asked to decide which was larger. In some of these pairs of fractions, the larger one had a bigger numerator but a smaller denominator. So, if shown the two fractions  $\frac{3}{4}$  and  $\frac{2}{3}$ , the students who answered that  $\frac{3}{4}$  was larger were correct.

Only 54 percent of the students who took part in the study answered correctly.

When asked how they decided which fraction was larger, many students said they paid attention to one part of the fraction in isolation, rather than considering the entire ratio. Those who incorrectly answered that  $\frac{3}{4}$  was larger than  $\frac{2}{3}$  did so because they compared only the denominators and concluded that 9 was bigger than 7.

Whole number bias – which can manifest as considering only one part of a ratio in isolation – leads to incorrect conclusions about how big numbers are.

## Solutions start in school

Why does this matter? Students learn about fractions in school so they can apply this knowledge to the real world.

In daily life, people are presented with numbers, including fractions, and asked to make sense of them. When it comes to health statistics, misinterpreting the size of numbers may lead to negative consequences, such as underestimating the deadline of COVID-19.

News stories are rife with complex statistics that pertain to the COVID-19 pandemic. Many of these statistics involve ratios, which are hard to understand and disliked.

Further, math anxiety – a feeling of apprehension when it comes to mathematics – leads people to choose to completely avoid, or fail to think deeply about, numbers encountered in everyday life. In our own research across two samples of adults, we found that people with more anxiety about doing math were worse at estimating how big specific fractions were.

Early on in the COVID-19 pandemic, there were several stories that noted that the flu was more deadly than the new coronavirus. President Donald Trump himself made this claim several times.

We believe this confusion per-

sists as the nation struggles to come to terms with calls for more social distancing and orders to stay home to fight the spread of COVID-19. Specifically, the number of deaths or the number of infections of COVID-19 compared to the flu might be mentioned in isolation, rather than the proportion of deaths out of the total population. We believe focusing on total numbers of deaths or numbers of infected people rather than proportions – or fractions – is a reflection of whole number bias.

In another recent example, Trump claimed that the U.S. tested more people for COVID-19 than anywhere else in the world. While this could be true in terms of absolute numbers, this does not take into consideration population totals and how densely packed the population is in other countries.

Because of the unknowns, the fatality rate could ultimately be lower than early figures because so many infected people were not immediately tested or officially diagnosed. While it may be too early to tell exactly how much deadlier than the flu COVID-19 will be, some current estimates suggest CO-

VID-19 may be closer to 10 times more deadly. It’s important to note that researchers around the world have found a broad range of estimates for the fatality rate for COVID-19, which remains unclear.

To reduce whole number bias, we recommend that everyone consider whether both the numerator and denominator of a fraction have been reported, or whether one or the other was presented in isolation.

With the need to make all people take this pandemic seriously, we believe that doing this math right just might save lives.

*Clarissa A. Thompson, associate professor of cognitive psychology at Kent State University; Jennifer Taber, assistant professor of psychological sciences at Kent State; Karin Coifman, associate professor of psychology at Kent State and Pooja Sidney, assistant professor of psychology at the University of Kentucky contributed to this report.*

*This article is from The Conversation, a nonprofit that distributes scholarly findings in accessible form.*

## Nine tips to beat the ‘Quarantine 15’

By Maddy Falivene

CORRESPONDENT

Being pent up at home during social distancing can have many effects on your body. Here are nine ways to help keep you from gaining weight while under “stay at home” orders

**1. Plan your meals and snacks ahead of time.** I don’t know about you, but the grocery store is probably one of the most anxiety-provoking places for me at this time, so I try to limit my trips to once per week. This means planning meals ahead of time. Though this may be more difficult for families with children, it’s worth sitting down together to pick three or four meals everyone can agree on. Make enough to have leftovers for lunches or dinner. Same goes for singles. This makes it easy so you aren’t shopping for seven different meals. When we are left to last-minute decision making regarding meals, we tend to go for the easiest option. Most of those involve delivery or takeout, which are not always the healthiest choice.

**2. Set alarms for meal and snack times.** If you find yourself constantly snacking throughout the day, try aligning your meal times with your typical work or school schedule from before social distancing. This will keep you from grazing all day long. A good rule of thumb is to not go longer than four hours between meals and snacks. So, depending on what time you wake up and go to bed, you may need from zero to two between breakfast, lunch and dinner.

**3. Drink water!** It can be hard for us to distinguish what I like to call “head hunger” versus “real hunger,” especially if we are constantly looking at a snack-filled kitchen. To help with this distinc-



Getty Images

**It’s easy to turn to mindless eating during quarantine. But healthy habits will keep you on track.**

tion, if you think you are hungry before time for your next meal or snack, try drinking a large glass of water to see if that satisfies your feeling. Most likely you were just thirsty, or bored.

**4. Speaking of planning ahead, if you know there is a certain snack or chip you will binge on, don’t buy it.** Instead, buy a snack you know you won’t feel the need to devour all at once. Fruits, low-fat cheeses, individual yogurts and raw vegetables are all great snack choices. There’s a reason I don’t keep ice cream in my fridge: I’d eat it every night. So, I just don’t buy it. Instead, I opt for individual mini-ice cream sandwiches for an after-dinner treat or dessert.

**5. Practice portion control.** I know many of us are buying in bulk to avoid multiple trips to the grocery store. So, if you do have

the family-size bag of pretzels or the gallon box of Goldfish crackers (like I do), don’t eat straight from the container. Instead, portion yourself 1 serving as described on the snack’s nutrition label and put that in a separate bowl. Put away the large bag and leave the pantry or kitchen. This will help you think twice before indulging in Round 2. And remember to drink water between snacks! Make sure you are experiencing *real* hunger, not *head* hunger. Another way to practice portion control is to buy the snack-size packages instead of the family size. This way your serving sizes are already portioned out for you.

**6. Practice mindful eating, rather than mindless eating.** When we sit on the couch watching our newest binge-worthy Netflix show, we are not paying attention to everything we put into our mouth. That is considered mind-

less eating. This typically does not feel satisfying because we have not connected our mind and our body. Try snacking with the TV off, maybe outside or in a calm area of your home. Acknowledge each bite and chew thoroughly. You may find you won’t even finish your whole portion because you are more aware of the food you are ingesting.

**7. Eating can also be a coping mechanism for many people.** Even before COVID-19, stress-eating was a common problem that many people experience. But there’s good news: There are many ways to cope with anxiety and stress, and one of them is sleep. Getting a good night’s rest is vital to helping reduce stress and anxiety. You could also try going for a walk or run, turning to coloring books, journaling or reading – none of which involve packing on

the pounds.

**8. Protein is your friend.** If you find yourself feeling real hunger an hour or two after eating, take a closer look at your meal. If it was mostly processed carbohydrates such as cereal or chips, then it is likely you really are hungry. Carbohydrates, especially processed ones, digest very quickly and don’t keep us feeling satisfied for very long. My advice: Be sure to include a protein source in all of your meals. Protein foods take longer to digest and will keep you feeling satiated until your next meal or snack.

**9. Last, get moving!** Create some kind of exercise or movement plan. For me, I love group fitness classes because there is a component of accountability to them. You sign up, you pay, it’s in your calendar, and you’re committed. Now that options are limited, it takes some serious willpower for us to get moving. Give yourself realistic goals. Don’t say you will work out every single day if you know that realistically won’t happen. Start small with two to three workouts or walks per week and go from there. Any kind of movement is good movement. You can also get a friend involved. Hold each other accountable by doing them together via Zoom, and stay connected!

Though these are crazy times, it is important to hold onto some normalcy. By regulating our eating habits and continuing to move, we can hopefully keep some sort of routine and not gain the “Quarantine 15.”

*Maddy Falivene, MS, RD, LD, is a dietitian and spin-class instructor who has a graduate degree in clinical nutrition.*



RichLegg / Getty Images

**In March, Medicare chief Seema Verma temporarily lifted a variety of federal restrictions on the use of telehealth, and such visits have boomed as a result.**

**By Fred Schulte**  
KAISER HEALTH NEWS

# Telehealth boom fuels worries about fraud

## Virtual care offers new space for health scams

On March 17, Medicare chief Seema Verma stepped to the podium at a White House coronavirus briefing and unveiled a “historic action” to promote virtual medical care, or telehealth.

Verma temporarily lifted a variety of federal restrictions on the use of the service, which had been limited to rural areas. She praised telehealth, saying it could handle routine care for an older patient with diabetes without risking a visit to a medical office. She said a Medicare recipient with mild flu-like symptoms could receive advice from a doctor at home “instead of leaving the house and sitting in a waiting room full of other vulnerable people.”

But the Trump administration’s action also raised concerns that it could inadvertently unleash a wave of billing fraud and abuse and risk patient safety – especially

if officials yield to industry pressure to make many of the emergency policy changes permanent.

“There are unscrupulous providers out there, and they have much greater reach with telehealth,” said Mike Cohen, an operations officer with the Health and Human Services Inspector General’s Office, which investigates health care fraud. “Just a few can do a whole lot of damage.”

Telehealth – or telemedicine, as it’s also known – covers a broad range of services via video, telephone or email. In early March, the Centers for Medicare & Medicaid Services approved dozens of

new billing codes to allow medical professionals to bill for these services. That means patients can consult with doctors about everything from flu symptoms or a backache to a psychiatry visit.

Federal officials also allowed telemedicine providers to waive patient deductibles and copayments during the coronavirus emergency. Under normal conditions, these actions can be construed as a kickback because they discourage patients from complaining about charges or can lead to overuse of medical services. Such tactics normally can lead to civil or criminal penalties.

Cohen said anti-fraud “guardrails have been removed under this epidemic. The concern is that things will never go back to what they were. ... There will be a lot of pressure on CMS to make at least some of these changes permanent.”

Officials worry that some telemedicine companies may take advantage of Medicare patients they contact at their homes. Some of the largest recent Medicare fraud cases have implicated this sort of marketing, often for bogus genetic testing, prescribing unnecessary pain creams or delivering unwanted medical equipment. In some

cases, the companies have employed telemarketers to call thousands of people on Medicare and offer them a free service in order to obtain their patient ID numbers, which can be used to bill the government.

These fraudulent activities can become massive because phone rooms operating anywhere in the world can target thousands of patients, and Medicare may have difficulty differentiating improper bills from those submitted by a legitimate telehealth operation.

In September 2019, the Justice Department charged 35 people in connection with a telemedicine scheme that allegedly ripped off more than \$2.1 billion from Medicare, among the largest such frauds in U.S. history.

Cohen said investigators already are seeing “tons” of fraud cases linked directly to COVID-19, including using patient accounts to bill for “coronavirus emergency kits” that contain nothing but

**Telehealth continues on H9**

# When is telehealth OK and when should you go in?

**Brett Montgomery**  
THE CONVERSATION

Everyone with a Medicare card is eligible for Medicare-funded telehealth. That means you can have a consultation with your GP, psychologist and other health providers via video or phone, rather than going in.

This should help with social distancing – a core weapon in our community’s fight to contain this epidemic.

Some but not all health care can safely be shifted online, but it can be difficult to know when it’s OK to skip the in-person visit. Here are some pointers to get you going.

### What you can do via telehealth

There’s a saying in medicine that “history is 80 percent of diagnosis.” By “history,” we mean the things our patients tell us; fortunately, video and telephone connections convey your voices and stories well.

So for issues where doctors and patients mainly need to speak, and where the risk of serious ill-

ness is low, telehealth consults are a good option. Evidence backs this up, finding fairly satisfied doctors and patients – and sometimes even cost or time savings.

I’m most comfortable using telehealth with patients I know well, and when we are managing long-standing health issues. For example:

- Routine chronic disease management, especially where the condition is fairly stable – for example conditions such as diabetes, high cholesterol or high blood pressure;

- Writing repeat prescriptions for medicines used in long-term illnesses – like the examples above, or tablets for contraception, stomach acid or chronic pain;

- Exploring mental health issues;

- Discussing diet and physical activity;

- Writing referral letters.

Some conditions can also be monitored remotely. In particular, many patients with high blood pressure can safely measure this using a machine at home. This is recommended in blood pressure

guidelines, as it’s actually more reliable than clinic readings.

But home blood pressure monitoring won’t be a solution for everyone. It needs careful technique, and also enough money to buy a machine.

Some simple short-term illnesses might also be managed via telehealth, as long as the risk of anything serious going on seems low. Examples could include straightforward urinary tract or upper respiratory tract infections.

But there is a worrisome overlap in symptoms between common viral infections and the early symptoms of COVID-19. Guidelines are being written to help GPs assess, over telehealth, who needs to simply isolate, who needs testing, and who needs to go to a hospital.

### What you need to see a doctor for

Sometimes a physical examination is important. There are all sorts of presentations in which I might need to listen to your heart or lungs, or feel your abdomen, or take your temperature if you don’t have a thermometer at home. This

is especially the case when symptoms are new.

Photographs are tricky. I can’t expect patients to be able to describe or photograph a changing skin lesion well enough for me to make decisions.

There are procedures that can’t be done via telehealth. Excising skin lesions, taking swabs and smears, inserting long-acting contraceptive devices, giving injections – these simply don’t happen “virtually.”

Particularly important right now are flu vaccinations: while these offer no protection against coronavirus, they may stop the dangerous “double whammy” of getting influenza and coronavirus together.

### What you might need to put off

Some routine checkups and screening tests, in low-risk people without symptoms, might simply best be put off until this pandemic settles. But it’s hard to generalize. If in doubt, ask a doctor who knows you well.

**Bookings, prescriptions and blood tests:** When booking an ap-

pointment, don’t simply book a face-to-face appointment out of habit. Hopefully reception staff will offer the telehealth option, but this is all new, and it can’t hurt for you to raise the idea, too.

When GPs aren’t sure whether telehealth is appropriate, we can begin with a telehealth conversation, then swap to a traditional consultation if needed.

Prescriptions and blood test or imaging referrals are currently awkward via telehealth. I can mail nonurgent prescriptions and requests to patients, pharmacies or other providers. For urgent prescriptions, we’re using a messy combination of phone calls, faxes or emails to get instructions to pharmacists quickly, and then mailing the originals.

Fingers crossed, there will soon be reforms allowing purely digital prescribing.

*Brett Montgomery is a senior lecturer in general practice at the University of Western Australia. This article is from The Conversation, a nonprofit that distributes scholarly findings in accessible form.*



## CORONAVIRUS SPECIAL REPORT



Getty Images / iStockphoto

Deep breathing can help keep your blood oxygenated.

# Breathe deeply — it could save your life

Getting oxygen into every part of your lungs helps in fight against coronavirus

By **Marci Sharif**  
CORRESPONDENT

I've written tons of stuff about deep breathing. Here's a new reason to do it: It may help if you catch the coronavirus.

I learned about this from my sister-in-law, who lives in New York and just recovered from a nasty bout of COVID-19. She received some medical care, but thankfully, it was at home from her boyfriend, who is a doctor.

Both my sister-in-law and her boyfriend, Dr. Danial Ceasar, contracted the virus. And they have interesting and helpful things to share.

We know that COVID-19 targets the lungs. For some, including my sister-in-law, breathing can become strenuous and uncomfortable. The natural response to that discomfort is taking smaller, shallower breaths. But there are two benefits to breathing deeply instead.

First, breathing deeply helps

keep your blood oxygenated, especially when it's hard to breathe. Alveoli are little sacs at the base of the lungs where freshly inhaled oxygen transfers to the bloodstream. As Ceasar explained it to me, shallow breathing means fewer alveoli receive air.

In a regular, healthy breath, a normal person might expose 70-80 percent of their alveoli to oxygen. The rest only get oxygen when we breathe deeply. This is perfectly fine most of the time, but when the lungs are infected with COVID-19, the body's immune response often blocks some alveoli through inflammation or by flooding the area with liquid. This causes the oxygen level in our blood to drop.

Every system in our bodies depends on properly oxygenated blood. Deep breathing isn't a cure, but it can help increase oxygen intake.

Deep breathing also decreases the risk of bacterial pneumonia. As breathing gets harder and we

take in less oxygen, unused alveoli become susceptible to collapsing, infection and ultimately causing bacterial pneumonia.

This secondary bacterial pneumonia can be a major complication. A Lancet study of early patients at two Chinese hospitals found secondary bacterial infections in 15 percent of those admitted, and in 50 percent of patients who died.

As a bonus, deep breathing is also helpful if this is all stressing you out. It evokes a physiological relaxation response, but it's not always as easy as it sounds.

My sister-in-law notes that she wouldn't have been able to breathe deeply all day long while battling coronavirus. It hurt, and it would have made her cough, but regular intervals of deep breathing — say a few rounds per hour — is still worthwhile.

The thing is, a lot of us do it wrong. I've been teaching yoga for years, and I still have to focus to genuinely breathe deeply. I'm

not alone. Many people assume that deep breath simply means elongated breath. Others have so much tension below the diaphragm that more expansive breath ends up happening all in the upper chest — which is inherently shallow.

My friend Kelly Siebert teaches the anatomy and physiology of yoga. She has been helping me with this for some time.

Here's how she recommends practicing true deep breathing:

Lie down and completely relax your belly and pelvic floor. Legs can be outstretched or feet can be flat. Siebert recommends placing one or both hands on your stomach. I like to put a 3-pound weighted lap pad or a light book on my belly.

Slow your breath to a long steady inhale and an equally long, steady exhale. Totally empty your lungs at the bottom of your exhale. Focus on the sensation of your belly rising on each inhale and falling on the exhale. I find

that the weight on my abdomen really helps me feel it. If your shoulders rise when you breathe in, the breath is not deep. Try to move your focus down.

Once you feel like you've got this down, try to go even deeper. Wrap your arms around yourself, like you're giving yourself a hug. Continuing with those long and steady inhales and exhales, focus on expanding your side ribs into your hands, and back ribs into the floor. Again, keep your belly and pelvic floor relaxed.

I've made it a routine to do these exercises while lying in bed at night. They're relaxing now. And who knows, they could be lifesaving later.

*Marci Izard Sharif is an author, yoga teacher, meditation facilitator and mother. In Feeling Matters, she writes about self-love, sharing self-care tools, stories and resources that center around knowing and being kind to yourself.*

## TELEHEALTH

From page H8

gloves and hand sanitizer or bogus testing kits. Once marketers obtain a patient's billing numbers, they often tack on thousands of dollars in genetic tests that are of no value to the medical case, investigators said.

Other rollbacks in telehealth regulations could prove controversial and affect patient safety — from relaxing restrictions on opioid prescriptions via video to easing licensing requirements for doctors who practice across state lines.

In a statement to Kaiser Health News, CMS said it is "instructing its payment and audit contractors to review claims during this public health emergency based on all agency waivers and flexibilities that have been put into place. This includes claims for services furnished under the telehealth flexibilities." CMS also said it would put "a strong emphasis" on program integrity and cost in considering whether to make any telehealth changes permanent.

The telemedicine industry argues that its operations are no more prone to billing abuses than any other branch of health care.

"A crisis always spawns fraudsters," said Krista Drobac, executive director of the Alliance for Connected Care, which advocates for telehealth.

She said the alliance hopes "to show the value of telehealth" and help win wide acceptance of virtual visits to doctors. The group wants to see some of the regulatory changes made permanent in order to assure the industry's viability once things return to normal.

Telehealth advocates also argue



adamkaz / Getty Images

**The coronavirus crisis has brought telehealth to the forefront of medicine, something that years of lobbying in Washington couldn't accomplish.**

they have successfully stepped in to fill a void caused by many doctors temporarily shutting down their offices.

The coronavirus has "stopped (the medical) profession in its tracks, and we need to adapt to a new reality," said Dr. Joseph Kvedar, a Harvard Medical School professor and president-elect of the American Telemedicine Association, a nonprofit that promotes access to the technology.

Kvedar said virtual visits at Partners HealthCare, where he is a senior adviser, have jumped from 1,600 virtual visits in February 2019 to 90,000 in March.

He said other health networks have reported similar spikes, in one case in New York City ramping up from zero to 5,500 visits in a

single day. "There's a lot more interest now that people have to stay home."

Congress did much to speed acceptance of telehealth as part of the \$2 trillion stimulus package. The CARES Act awards \$200 million through the Federal Communications Commission to medical groups to help them install the technology and fund broadband installations. The groups also can apply for \$27 billion in a public health emergency fund.

In the March 17 briefing, Verma added that CMS wanted to give medical professionals relief from regulations that could take time away from treating patients.

"In an emergency, those on the front lines shouldn't have to worry about federal rules and red tape

hamstringing them when they need flexibility above all else. And we're doing everything in our power to make sure that that doesn't happen," Verma said.

CMS also is allowing Medicare Advantage plans, which together treat more than 22 million Americans, to use telehealth to help set payment rates. On March 30, CMS said it would suspend some efforts to recover hundreds of millions of dollars in overpayments made to the health plans.

Lindsey Copeland, federal policy director for the Medicare Rights Center, said her group agreed that telehealth could help ensure that people on Medicare would "not be forced to put themselves in harm's way to obtain needed care."

Copeland said making some of

the telehealth changes permanent might make sense. But she said, "We urge caution in rushing such policymaking."

By contrast, the industry sees itself as on a roll. InSight + Regroup, a national telepsychiatry company, noted that it "feels strongly about advocating to keep the telehealth-friendly regulations that were rapidly put into place in response to COVID-19."

"Telehealth is going mainstream," said company CEO Geoffrey Boyce. "It has been on the fringes for a number of years. We're at the point now where there is no going back."

His company also wants to reverse Medicare's prohibition on doctors living outside the U.S. treating patients here using telehealth. Boyce said the company would use only doctors who trained and are certified in this country.

There's little doubt that the coronavirus crisis has brought telehealth to the forefront of medicine, something that years of lobbying in Washington couldn't accomplish.

The Alliance for Connected Care, a group that advocates telehealth and whose more than three-dozen members range from Amazon to the Michael J. Fox Foundation for Parkinson's Research, spent more than \$1 million on lobbying from 2016 to 2019, according to the Center for Responsive Politics.

But now "the numbers of (virtual) visits are astounding," said Drobac, the alliance's executive director.

*Kaiser Health News is a nonprofit news service committed to in-depth coverage of health care policy and politics.*

## CORONAVIRUS SPECIAL REPORT



Getty Images

Have a supply of any prescription drugs on hand — but don't keep them or over-the-counter medications in the medicine cabinet.

## Be prepared if COVID-19 strikes

By Amelia Nierenberg  
NEW YORK TIMES

Families staying at home can take steps now to monitor their health and alleviate symptoms in case someone falls ill.

To start, make sure to have at least a 30-day supply of any prescription medications and a well-stocked first-aid kit.

To get a sense of what else you should — and should not — have in your medicine cabinet at this time, we talked to doctors and pharmacists across the country. Here is what they recommend.

**Medicine cabinet vs. hall closet:** Before you head to the pharmacy, have a place to store medications and equipment safely.

“A medicine cabinet in a bathroom that gets steamy from a bath or shower isn't an ideal place,” said Dr. Ilisa Bernstein, senior vice president of pharmacy practice and government affairs at the American Pharmacists Association. “The humidity could impact the ingredients over time.”

A hallway linen closet is better, she said. Wherever you keep them, make sure the bottles are

Pharmacists and doctors recommend equipment, medicines to monitor health and fight symptoms

away from children.

**Thermometers:** Fever is one of the most prominent symptoms of the coronavirus. If you have a thermometer, make sure you have extra batteries. If you have two, check your temperature on both: They are not infallible. Between uses, disinfect the thermometer with alcohol or peroxide.

If you are buying a thermometer, oral readers are the best, said Dr. Stacey Curtis, a clinical assistant professor at the University of Florida College of Pharmacy. An ear thermometer needs to be placed properly for accuracy, and a forehead thermometer might not get a good reading if the patient is sweating, she said.

**Pulse oximeters:** Some patients develop pneumonia, which can cause oxygen levels to drop, before they experience severe symptoms. A pulse oximeter is a cliplike device that measures the oxygen level of your bloodstream. Some clip onto fingertips or earlobes. Normal readings usually range from 95 to 100 percent. A

blood-oxygen level less than 90 is considered low.

If you can't find one right away, you can probably order one that will be delivered in a few weeks or a month.

Most people do fine without them. You also can borrow one from a friend (they are easily sanitized) or talk to your doctor about getting your oxygen levels checked at an urgent care center.

**Fever reducers and painkillers:** Both acetaminophen and ibuprofen will reduce a fever, and both can be used to treat the uncomfortable symptoms of fever: headache, aches and chills.

Pharmacists caution against taking too much acetaminophen, which can cause severe liver damage. And be aware that many over-the-counter cough medications also contain acetaminophen. The total amount of acetaminophen taken in pain relievers and cold medications should not exceed 3,000 milligrams a day. Additionally, alcohol should not be consumed when taking acetaminophen.

Patients with underlying conditions should check before taking any medication. Also, children and adults require different dosages. Be sure to read the label before giving children medication.

Some doctors caution against reducing a fever. The immune system works better when the body's temperature is higher, and dozens of studies have shown fever to be beneficial in fighting infections.

“When you treat with fever-reducing medicines, as has been shown again and again and again, you decrease the body's ability to make antibodies,” said Dr. Paul Offit, an infectious disease expert at the University of Pennsylvania and Children's Hospital of Philadelphia.

Even if it is uncomfortable, it might be best to sweat this one out.

There has been controversy about whether ibuprofen is safe to take for coronavirus. The World Health Organization said it was not aware of any research showing the over-the-counter drug should not be taken by infected patients.

**Over-the-counter remedies:** Throat lozenges will soothe an aching throat, which can come from coughing. Be sure children do not choke on them. Honey works, too, but not for children younger than 2 because of the threat of infant botulism.

The coronavirus can lead to nausea or diarrhea. Although it can be uncomfortable, it might be best to let whatever gastrointestinal distress happen, because it is a way your body gets rid of infection. “We are not recommending anyone take anything to stop the diarrhea,” Curtis said.

But diarrhea can cause dehydration, so she recommends an electrolyte-replenisher like Pedialyte. Regular sports drinks are sugary and have less of an impact.

Cold medicines are largely ineffective, but antihistamines can help if you suffer from allergies.

If you feel sick, the most important thing is to communicate with a doctor or pharmacist. A call to a pharmacist is free. He or she can talk through your concerns and offer advice.

Tara Parker Pope contributed to this report.

## How to properly make (and use) disinfectants

By Tim Heffernan  
THE NEW YORK TIMES

The coronavirus that causes COVID-19 may survive for several days on some surfaces. Estimates of its life span vary, but the virus can clearly hang around long enough to make disinfecting frequently touched surfaces a priority.

Normally, disinfectants, like Lysol and Clorox wipes, are available and would do the trick in cleaning most surfaces of contagions, but many of these items have been widely out of stock across the United States. If you cannot find any of these products, you can make an effective homemade disinfectant from a mixture of water and bleach.

Whatever you use, it's crucial to know how to use a disinfectant properly — that means allowing enough time for a disinfectant to do its job, which can be as much as 10 minutes.

### How to use common disinfecting products

When disinfecting a surface, by far the most important consideration is what's known as dwell time: the amount of time the disinfectant needs to remain on a surface to kill pathogens, and in this case, specifically the coronavirus that causes COVID-19. No disinfectant works instantly; most

of those sold to the public take several minutes.

Complete disinfecting protocol includes four steps: Pre-cleaning, disinfecting (dwell time), wiping clean and rinsing with water. Pre-cleaning is most important on heavily soiled surfaces, because dirt can shield pathogens underneath; it's fine to use soap and water or a household cleaner.

Disinfecting for the proper dwell time, of course, is nonnegotiable. Wiping afterward is essential because disinfectants can leave a sticky residue where pathogens can quickly resetttle.

**Nonbleach Options:** Nonbleach disinfectants are usually safe on fabric and other soft materials, though they are generally rated to “sanitize” rather than disinfect.

For example, Clorox Disinfecting Wipes are rated to eliminate the virus in a relatively quick four minutes. Lysol Disinfecting Wipes employ the same type of nonbleach disinfectant but take longer to work: 10 minutes. Don't let that be a concern: If you have them, use them.

Lysol Disinfectant Spray and Lysol Disinfectant Max Cover Mist also use the same type of nonbleach disinfectant, a class of compounds known as quaternary ammonium, or simply “quats.” They're safe on hard surfaces and most fabrics, gentler on the skin



Kathrin Ziegler / Getty Images

The coronavirus that causes COVID-19 may survive for several days on some surfaces, so disinfecting frequently touched surfaces is a priority.

than bleach and produce fewer harsh fumes. Both eliminate the coronavirus in 10 minutes on hard surfaces but only sanitize (kill most but not all pathogens) on soft surfaces.

Lysol Kitchen Pro Antibacterial Cleaner is fabric-safe, because it uses quats instead of bleach. It eliminates the coronavirus in two minutes on hard surfaces; on soft materials, it may only sanitize.

**Bleach-based Disinfectants:** Clorox Multi-Surface Cleaner + Bleach eliminates the coronavirus in one minute on hard surfaces such as you find in kitchens and bathrooms — sinks, faucets, toilets, tile and synthetic countertops. Any bleach-based spray like this is for use only on hard surfac-

es. It will damage fabrics, feel harsh on skin and produce fumes that can irritate mucous membranes. Take precautions like ventilating the room and wearing gloves.

### How to make your own

If you cannot get any of the above products, you can disinfect hard surfaces of the coronavirus using a solution of regular household chlorine bleach and water.

Multiple sources give different bleach-to-water ratios for use with regular bleach. The Centers for Disease Control and Prevention says that “unexpired bleach will be effective against coronaviruses” in a solution of ½ cup of bleach per gallon of water, or 4

teaspoons per quart. Clorox recommends a slightly stronger ratio of ½ cup per gallon or 2 tablespoons per quart.

Whichever ratio you use, let it sit on the surface for 10 minutes.

**Be careful:** Bleach mixtures can be used only on hard surfaces — they will permanently damage most fabrics and many other soft materials — and are unpleasant to work with.

And never, ever mix bleach with ammonia or anything containing ammonia (like many window cleaners), or with anything acidic (like white vinegar or many lime scale/rust removers, including CLR and Bar Keepers Friend). Doing either will produce highly dangerous and even deadly gases.

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# Crafting with kids

By Sally Quinn  
KIDSBURGH.ORG

Looking for cool activities to entertain kids and get through the next few weeks? With schools unexpectedly closed due to the new coronavirus pandemic, there are many hours to fill. Here are some of our favorite projects. Most supplies can be found in your pantry, recycle box or craft bin.

## Balloon Tennis

This is just the cure kids need to get active and have fun. Paper plates, paint stirring sticks and a glue gun are all you need to make your tennis rackets.

And you can take the play beyond “keep-it-up” games and simple volleys. Use masking tape to mark the “net” and make point rules for off-the-wall shots or a double bounce. Experiment with different size balloons. Skilled players might even opt to put multiple balloons in play!

### Supplies

- Paper plates
- Paint stirring sticks
- Balloons
- Markers (optional)

**Instructions:** If you wish, use markers to personalize your paper plate by adding a design, your team name, logo and colors.

Use the glue gun to attach the paint stick to the back of the plate.

Your Balloon Tennis equipment is ready for a competitive match!



Finished balloon tennis racket

Kidsburgh.org

*Kidsburgh.org is an online resource based in Pittsburgh focusing on raising kids.*



Supplies



Step 1



Step 2



Finished Paper Plate Marble Run

Kidsburgh.org

## Clothespin Puppets

Clothespin Puppets bring silly fun to those all-important engineering problem-solving skills. It's a blast to set kids up with an idea and supplies and let them loose to create!

Begin with a clothespin. We found over-size clothespins at a craft store, but the normal-size clothespins work, too, on a smaller scale. We considered how the clothespin opens and whether to go vertical or horizontal with our puppet creatures. And we loved the idea of a tiny surprise inside that shows itself when opened!

There are endless designs to be imagined: Consider a frog with a fly in its mouth, a gift-wrapped present with a heart inside, or an egg that opens to a bright yellow chick! We went with a piranha with little fish inside and a monstrous flowering plant.

### Supplies

- Clothespins
- Paper, plain or colored
- Markers

- Scissors
- Glue sticks, school glue, glue gun or tape
- Toothpicks
- Optional decorative items: Google eyes, yarn for hair, pom-poms, pipe cleaners, etc.

**Instructions:** Begin with a sketch to get a good size estimate and determine where the cut will separate the two pieces. Once you have a good idea, cut out and color. Cut into two pieces and attach to the clothespin. To make the little surprise appear, break a toothpick in half and attach to the back of the bottom side of the opening clothespin. Cut out the surprise item and attach to the toothpick.

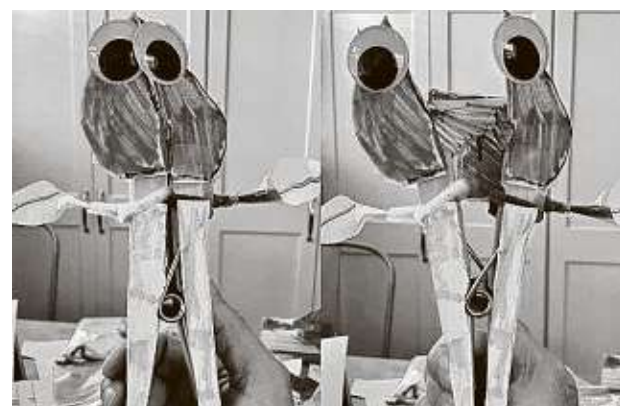
As you can see here, we went in the other direction to make our monster flower plant that included pipe cleaner arms with leaf hands.

Once your kids get the basic idea, see what kind of variations they can create!

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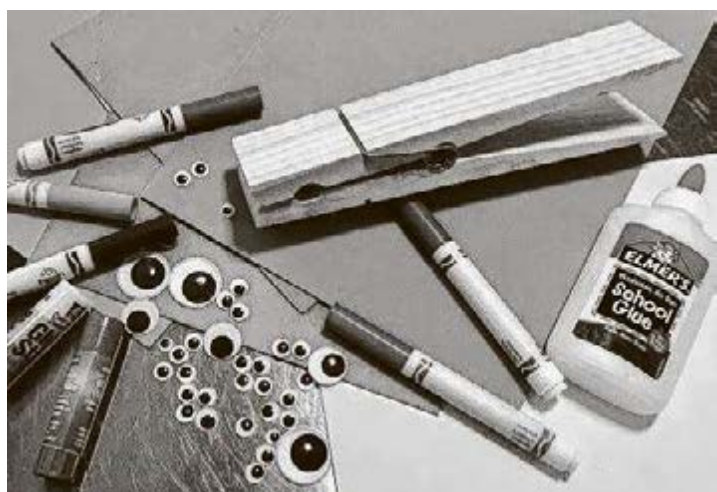


Finished fish puppet



Finished 'Little Shop of Horrors' plant

Kidsburgh.org



Supplies



Steps 1 and 2

## Paper Plate Marble Run

Here's a new way to play with marbles and experiment with gravity. Kids can create a Paper Plate Marble Run with a few simple supplies. This STEM construction project will challenge their engineering skills while considering how speed changes with the degree of the slope. Use paper plates with a deep rim to keep the marbles from skedaddling out of control across the room.

### Supplies

- Cardboard tube, mailing tube, wrapping paper tube or paper towel tube
- Paper plates with a high rim
- Duct tape, packing tape or glue gun
- Marbles
- Scissors

**Instructions:** Begin with five plates for a 12-inch tube. If you're ambitious enough for a taller run, you'll need to use more. Trace the end of the tube onto the center of each plate.

Cut from the edge straight into

the center of each plate, then cut out the circle.

Stack the plates together with the cut edges at the same place. Begin to tape the plates together, attaching one of the cut ends of the top plate to the cut edge below. We tried packing tape but found that duct tape worked best. Continue through on each level, creating a spiral track. The bottom cut edge is taped onto an uncut plate to catch the marbles.

Attaching the spiral track to the tube is a little tricky. You might need an extra two hands to put it together. Slide the tube through all layers and attach to the bottom plate. After a bit of experimentation, we found duct tape worked best. Scooch each level up to create a gentle slope. Tape each level as you go to the top.

Ready to race? Experiment with other objects besides marbles – like ping pong balls or Matchbox cars and see what happens.

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# COVID-19

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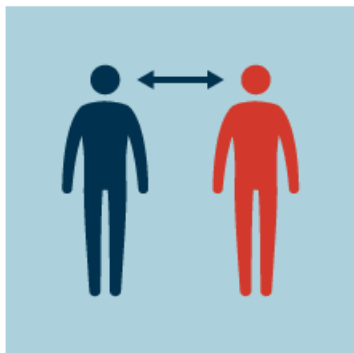
Wash your hands often with soap and water for at least 20 seconds



Avoid touching your eyes, nose and mouth with unwashed hands



Stay at home



Practice social distancing of at least 6 feet apart



It's mandated to wear a mask in public that covers nose and mouth



Clean and disinfect frequently touched objects and surfaces

**The San Antonio Metropolitan Health District has opened a COVID-19 hotline for residents to ask questions about the virus - Available in English and Spanish**

**COVID-19 HOTLINE (210) 207-5779**



**DISTRICT 6 COUNCILWOMAN**  
**Melissa Cabello Havrda**

The COVID-19 virus has forced many of us to make drastic changes to our daily lives. I want to ensure you that San Antonio City Council is doing everything we can to protect your health and safety. While the changes being asked of us might be difficult, it's critically important that we adhere to them for the safety of our families, friends, and community. As my family and yours navigate this new normal, witnessing the kindness that shines through our city has been inspiring. We are in this together.

Yours in service,

*Melissa Cabello Havrda*  
Melissa Cabello Havrda



**For more information visit: [sanantonio.gov/COVID19](http://sanantonio.gov/COVID19)**

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